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CERTIFIED MEDICATION AIDES USE OF INSULIN DELIVERING MECHANICAL DEVICES

Take Notice that in accordance with N.J.A.C. 8:36-11.5 (b)3i, a Registered Nurse (RN) may delegate the administration of disposable insulin delivering mechanical devices commonly known as "pens" to certified medication aides (CMAs) in Assisted Living Residences, Assisted Living Programs and Comprehensive Personal Care Homes. The Department of Health and Senior Services (the Department) will begin allowing the use of insulin, packaged as insulin pens by CMAs, effective October 1, 2008. The practice of delivering a physician ordered dose of insulin via this administration method is considered administering pre-drawn insulin.

The following is required, for any facility that plans to institute the practice of allowing CMAs to administer insulin utilizing mechanical pen devices.

Prior to allowing CMAs to administer insulin via the "pen" method, policies and procedures must be developed for the use of the insulin pens in the facility and for residents out on pass. Policies and procedures must address at a minimum the following:

A. <u>Packaging and Storage</u>

1. **Original pharmacy box of pens must be stored under required refrigeration.**
2. **The pen in use must be stored at room temperature in the medication cart up to the amount of time specified by the manufacturer.**
3. **Pharmacy to label individual pens with the resident's name and provide space for the date that use starts. Label must be on the pen body not the cap.**
4. **Safety needles must be used on the insulin pens in accordance with N.J.A.C. 8:43E-7.**

B. <u>Training</u>

1. **Each pen and insulin type has unique instructions. The RN must instruct the CMA for each type that is used.**
2. **Before allowing the CMA to administer insulin via the "pen" method for the first time, the attached Instructor's Rating Sheet for Duty area 2.1(a) must be completed for each CMA and each type of pen they will be using.**

3. **The RN should review with the CMA the special instructions that will be included on the MAR including:**
    i. **Priming instructions: Indicate the amount of insulin to be used and the orientation of the pen during priming.**
    ii. **Mixing instructions: Specify if the pen is to be rotated and inverted to mix insulin. If mixing is not indicated, that must be specified.**
    iii. **Duration requirements: Specify the amount of time that the needle is to remain in the injection site before withdrawal.**
    iv. **Site rotation requirements.**
4. **The RN should review with the CMA at least the following cautions & warnings.**
    i. **Insulin pens can become contaminated with fluid, cells and particles from the resident. They must never be used on more than one resident.**
    ii. **A drop may remain on skin after administration. This may be from the priming dose or early withdrawal of the needle. Blood sugar needs to be monitored if there is doubt.**
    iii. **Extreme care must be exercised in checking the type of insulin being given. Short acting insulins, e.g. Novolog or Humulog, may be mistaken for a long acting mixture such as 70/30 mixtures with the same name.**
    iv. **Do not rely on color-coding. There is no standard. Therefore, colors from different manufacturers may not match.**
    v. **Priming methods can differ when using safety needles. Some require that the safety needle be pointed down, NOT up, when priming the needle. You cannot withdraw the needle guard to visualize the needle while priming. This will lock the guard over the needle preventing further use of that needle.**
    vi. **Do not push in injector button without a needle on the insulin pen.**
    vii. **Needles lock closed after the injection or if the guard is pushed down. One brand of safety needle has a red band that appears after use indicating that it is locked, but others have no indicator.**
    viii. **A CMA may NOT use insulin pen systems that utilize a removable cartridge.**

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